

Mental Health Oversight and Advisory Council
March 18, 2004
Wilderness Room
Helena, Montana

Members Present: Senator Bob Keenan, Jenny Lynch, Senator Gerald Pease, John Lynn, Joyce DeCunzo, Tom Peluso, Melanie Martin-Dent, Jacob Wagner, Senator John Esp, Barbara Hogg, Leslie Edgcomb, Chuck Hunter, Dr. Don Harr, Suzanne Hopkins, John Chappius

Members Absent: Mignon Waterman, Leroy Bingham, and Larry Noonan

Staff Present: John Mundinger

Department Staff Present: Marcia Armstrong, Lou Thompson, Deb Sanchez, Marlene Disburg, Pete Surdock, Heidi Spritzer, Diane White, Ronnie Whittaker

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/EFFECTIVENESS
AMDD Report Joyce DeCunzo	<u>Montana State Hospital</u> census is at 190. The Hospital notified the licensing bureau of over capacity once. <u>Montana Nursing Care Center</u> is at 69. It is anticipated the beds will be down to 60 in a couple of months. Ron Balas has accepted the superintendent position at the Veterans Home in Columbia Falls. <u>Executive Planning Process</u> (EPP) is in full swing. The major issues are dealing with the census		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/ EFFECTIVENESS
AMDD Report Continued	<p>of the institutions. The initial BHIF concept is being reconsidered. There may be other ways to meet the goals of decreasing the admissions to the hospital.</p> <p><u>Listening tour</u> had over one hundred participants during the tour. The five main themes were: 1) communication, education and training, and reinstitute the law enforcement training position. 2) Funding/financial concerns such as prevention and early intervention, distribution of resources (staffing) and the cost of medication. 3) Service arena such as crisis, detox services, and co-occurring. 4) Workforce development such as need for more psychiatrists and better use of APRNs. 5) People were very sensitive about the separation between children and adult mental health.</p>		
Children and Adult Health Resources Division (CAHRD) Chuck Hunter	<p>Chuck and Joyce are starting to work closer together. A formal agreement will be developed. The KMA and SAA will communicate. KMA will be represented in the SAA and SAA will be represented on KMA. The systems of care planning group will have SAA</p>	Tom Peluso will set up a meeting with Chuck Hunter to discuss SAA and KMA cooperation.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/EFFECTIVENESS
CAHRD continued	<p>Representative. The Division will pursue the SED waiver. Five field staff are approved to be hired. The legislature will have to approve officially for the next biennium.</p> <p>The systems of care workplan has major building blocks for development in the next 3 to 4 years. A meeting in May will focus on outcomes. The meeting this fall will be a much broader meeting.</p>		
Medicaid Redesign John Chappuis	<p>The Redesign Committee voted on eligibility options. The Department endorsed five options and all five were passed. The Native American Task Force is concerned about cost shifting and this may be reviewed at the next meeting.</p> <p>The HIFA waiver will allow people into Medicaid based on SDMI diagnosis. The \$7 million general fund would generate \$28 million. It would provide a limited physical health package and expand Medicaid coverage to other uninsured groups. This will be discussed at the next meeting.</p> <p>There are two meetings remaining with an additional METNET planned. The report will be finished the end of May.</p>	<p>John Lynn suggested the Council support the HIFA Waiver. Jenny Lynch and Dr. Don Harr seconded. The Council agreed to support the HIFA Waiver.</p> <p>Send the report out to all the LACs.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/ EFFECTIVENESS
Ombudsman Report Bonnie Adee	<p>The adult issues are: <i>Transition</i> – didn’t get good transition plans. <i>Emergency evaluations</i> – this varies across the state. Look at state statutes to create a minimum standard. <i>Medications</i> – access and cost. <i>Psychiatric attitudes</i> – the prescriber is not responsive to consumers. <i>Persons incarcerated</i> – what is the discharge plan to the community. <i>Dually diagnosed</i> – build capacity around mentally ill but doesn’t quite qualify for DD services.</p> <p>The children’s issues are: <i>Capacity of out of home systems</i> The in-state program beds are full of out of state kids. <i>Barriers to parental involvement</i> <i>Transition planning</i> <i>Treatment/Best practices</i> for reactive adjustment disorder, oppositional defiant disorder, and sexual offenders. <i>Suicide prevention</i></p>	<p>Suggest an agenda item on medication management for persons incarcerated.</p> <p>Have suicide prevention as an agenda item.</p>	<p>Distribute the State’s Suicide Plan to the LACs and Council members.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/ EFFECTIVENESS
<p>Intensive Community Based Rehabilitation Facilities Lou Thompson</p>	<p>Two agencies, AWARE and Montana Community Services, developed group home beds for a priority population of those persons being discharged from the Mental Health Nursing Care Center. At this time there are 15 beds available with 14 being full. It is an 87% success rate. 14 persons came from Lewistown and 1 came from MSH. The Department is paying \$225 per day for this service. At the end of the year the Department will look at cost reports to determine the actual rate. Additional beds will soon be available in Glendive and Billings.</p>	<p>Need to have more timely access to SSI and Medicaid.</p>	
<p>Public Comment</p>	<p>Bonnie Adee – In the HIFA waiver it must be of a benefit to sufficiently treat persons with serious mental illness. Suggest looking at expanding the population of uninsured and providing \$500/yr for wellness care, higher co-pays and catastrophic insurance.</p> <p>Michael O’Neal – Participate in the Continuum of Care on March 23. Developing supportive housing with universal design in Glendive and Butte. These will be done by September 15.</p>		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/ EFFECTIVENESS
Public Comment Continued	The Helena Housing Authority was awarded 33 new rentals with priority population for persons with mental illness. 22 of the rentals will be fully accessible. The Bridge program will pool Section 8 vouchers for people coming out of institutions. The Department of Commerce will have a database available on the web of rentals available in the state. The Section 8 program was cut by one billion dollars. Encourage the Council to write to Senator Burns.		
Children's Committee Report Barbara Hogg	The committee is looking for specific tasks that can be accomplished. The transition plan, suicide prevention, and interfacing with the systems of care are the major issues the committee is discussing.	Between now and the next meeting the committee should determine what issues to address, the long-term products and the process.	
Adult Committee Report Suzanne Hopkins	The topics the adult committee would like to discuss are: suicide prevention, co-occurring, and persons in jail and policy on medications.	Discussed writing a letter to every sheriff asking for a copy of policies on medication and crisis. Would like to advocate for standard policies.	Check with Board of Crime Control and Kathy McGowan to see if this information has already been collected.
SAA Committee Report Tom Peluso	The LACs are the foundation of the SAA. They identify the local needs, which translates into services.	Put on the agenda for consideration and approval on the document describing the relationship between the Council and the three SAA.	Send out the revised LAC policy. The Council needs to function as a liaison with the LACs.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTION	FOLLOWUP/ EFFECTIVENESS
Communication Committee Report Dr. Don Harr	The Mental Health Summit was discussed. The committee will start working on stigma.	The legislative concerns are: Nurse practice act – Oregon Public Health diagnostic center – WAMI – Deering Clinic BHIFs - where are they needed? LAC/KMA - defining the relationship. Nevada and Maine have mental health teams for crisis response. Evidence Based Practices – Texas and Oregon have 75% that are paid. Medication Algorithm – Texas SAAs in Georgia and Michigan Preferred Drug List Behavioral System of Care PRU – Get 50 people out of the hospital PACT – do we need more? SB 347 – revisit this and look at timelines and AMDD duties. Preadmission review for the state hospital. Suicide Prevention Law enforcement training Co-Occurring Housing Transition group – extend eligibility for high risk population. Field staff Initiative to train groups to recognize mental health problems in screening tools.	Refer the legislative issues to the Communications Committee to begin working on the Council’s legislative priorities.

Attached is the MHOAC Structure Summary

Next scheduled meetings: May 14
 July 20